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APPLICANTS

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**** CONTINUING DATA *******This application is a CIP of 09/348,592 07/06/1999 PAT 6,267,116 *By***** FOREIGN APPLICATIONS *******

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 2	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 27
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

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TITLE

Method and system for use in treating a patient with an anticoagulant to optimize therapy and prevent an adverse drug response

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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